



Jones County Building Inspections

418 Highway 58 North,

Trenton, NC 28585

Phone: (252) 448-1221

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GENERAL BUILDING CONSTRUCTION PERMIT APPLICATION

Applicant Name _____ Phone Number _____

Owner's Name _____ Phone Number _____

Project Street Address _____

City _____ State _____ Zip _____

Subdivision (if applicable) _____ Lot # _____

Contractor's Name _____ NC State License # _____

Address _____ City _____ Zip _____

Contact Person _____ Phone # _____

Type of Work ☐ New Residence ☐ Commercial ☐ Modular ☐ Addition

☐ Accessory Bldg ☐ Renovation ☐ Sign / Billboard

of Stories _____ # of Bedrooms _____ # of Baths _____

Total Square Footage (heated & unheated) _____ Total Heated Square Footage _____

Total Estimated Construction Cost (from start to finish) \$ _____

(Please see reverse side)

Building Length _____ Building Width _____ Building Height (in feet) _____

Is a Temporary Service Pole Required? _____ Yes _____ No

Is this lot in any town or zoning district? _____ Yes _____ No

Is this lot in a FEMA designated Flood Zone? _____ Yes _____ No

Is workman's comp. Insurance required for this project? _____ Yes _____ No

What Power Company will be serving your structure: _____

Premise Number (issued by your power company, if required) _____

Parcel ID Number: _____

I hereby certify that all of the information listed on this application is correct, and that all work will comply with the NC State Building Code, and all other applicable State and Local laws, ordinances and regulations. I also understand that if an inspection fails, I may be held liable for a re-inspection penalty fee. I furthermore understand that no permit fees are refundable, or transferrable, and that once a permit is voided or expired, I may incur an additional permit fee(s).

Owner, Contractor, or Authorized Representative Signature **Date**

_____ County, North Carolina

I do hereby certify that _____ personally appeared before me this day and acknowledged to me the due execution of the foregoing instrument. Witness my hand and official seal this the _____ Day of _____ 20____.

Date: _____

Official Signature of Notary

Notary Public Name (printed or typed) _____

(SEAL) My Commission expires: _____

FOR OFFICE USE ONLY

Date Application Received _____

Sets of plans received for review _____

Date approved to permit _____ Permit # _____